

Warsaw

Model United Nations



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The Commission on the Status
of Women Guide



Topic: The Gender Dimensions of HIV-Related Stigma

CHAIRS:

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Chairs' foreword

Honourable Delegates,

As the Chairs of the Commission on the Status of Women at the Warsaw Model United Nations 2012 we feel honoured to welcome you in our Committee. We are looking forward to meeting you at the Conference in October and hope that this study guide will prove helpful in your preparations for the topic of the gender dimensions of HIV-related stigma. It ought not to be taken as an exhaustive, in-depth report of the issue but rather as a foundation for further research, with focus on your country's policy.

Introducing ourselves - we are students of the IB Diploma Programme in Batory and Kopernik High Schools in Warsaw. Strongly promoting equality, we find the topic of gender dimensions of HIV-related stigma important and taking into consideration the scale of the problem we see a need to react. After participating in several Model United Nations sessions we will do our best to successfully guide the most burning discussions.

We hope that the debate in CSW committee will be fruitful and that attending Delegates will be highly motivated, full of enthusiasm and well-prepared. Should you have any questions concerning the study guide, feel free to contact us.

Best regards,

Aleksandra Pędraszewska

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Basic information

Human immunodeficiency virus (HIV) causes acquired immunodeficiency syndrome (AIDS), a condition in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive. At the end of year 2010 statistical data indicates that around **34 million people are living with HIV/AIDS**. Each year around 2.7 million more people become infected with HIV and 1.8 million die of AIDS.

Although HIV and AIDS are found in all parts of the world, some areas are more afflicted than the other. **Sub-Saharan Africa** reports highest prevalence - in several countries more than one in five adults is infected with HIV. The epidemic is spreading most rapidly in **Eastern Europe** and **Central Asia**, where the number of people living with HIV increased by 250% between 2001 and 2010.

The fact that women are at increased risk of HIV infection, thus an epidemic is spreading faster among them, leads to prejudices and a social exclusion by forbidding them to take care for the household or teach in school and marking out as prostitutes

AIDS is caused by HIV, a virus that can be passed from person to person through **sexual fluids, blood and breast milk**. Worldwide the majority of HIV infections happen due to unprotected sexual intercourse between men and women, and **half** of all adults living with HIV are women.

Except its numerous economy-related consequences, AIDS disrupts social relationship. Ever since the first cases were detected, HIV-affected have been stigmatised – marked out as being different and blamed for that difference. It has been caused by associating the disease with **death, promiscuity, drugs and homosexuality**.

Noticeably, the discrimination affects **women differently to men, violating their human rights on many fronts**. People known to be living with HIV are often shunned or abused by community members, employers and even health workers. As well as causing much personal suffering, this sort of prejudice discourages people from seeking HIV testing, treatment and care.





HIV/AIDS and Women

At the end of 2010 it was estimated that out of the 34 million adults worldwide living with HIV and AIDS, half are women. The AIDS epidemic has had a unique impact on women, which has been exacerbated by their **role within society and their biological vulnerability** to HIV infection.

Generally women are at a **greater risk of heterosexual transmission** of HIV. Biologically women are **twice more likely** to become infected with HIV through unprotected heterosexual intercourse than men. In many countries women are less likely to be able to negotiate condom use and are more likely to be subjected to non-consensual sex.

When women use government prenatal or other health services they are coerced in to being sterilized (a fifth of HIV-affected in the Dominican Republic) or advised not to have children (44% of HIV-affected in Ethiopia)

Additionally, millions of women have been indirectly affected by the HIV and AIDS epidemic. Women's **childbearing role** means that they have to contend with issues such as mother-to-child transmission of HIV. The responsibility of caring for AIDS patients and orphans is also an issue that has a greater effect on women.

There are a number of things that can be done in order to reduce the burden of the epidemic among women. These include **promoting and protecting women's human rights, increasing education and awareness among women and encouraging the development of new preventative technologies** such as post-exposure prophylaxis and microbicides.





The global picture

In the workplace women are routinely subjected to involuntary HIV-testing

Globally, HIV/AIDS is the **leading cause of death** among women of reproductive age. The percentage of women living with HIV and AIDS varies significantly between different regions of the world. In areas such as Western and Central Europe, Eastern Europe and Oceania, women account for a relatively low percentage of HIV infected people. However, in regions such as sub-Saharan Africa and the Caribbean, the percentage is significantly higher.

🌐 Sub-Saharan Africa

In 1985 in sub-Saharan Africa there were as many HIV infected men as there were women. However as the infection rate has increased over the years, the number of women living with HIV and AIDS has overtaken and remained higher than the number of infected men. In 2009 there were around 12 million women living with HIV and AIDS, compared to about 8.2 million men. UNAIDS have estimated that around three quarters of all women with HIV live in sub-Saharan Africa.

Sub-Saharan Africa is one region of the world where the majority of HIV transmission occurs during **heterosexual contact**. As women are twice as likely to acquire HIV from an infected partner during unprotected heterosexual intercourse than men, **women are disproportionately infected in this region**.

🌐 The Caribbean

The Caribbean has also seen an alarming increase in the number of HIV infected women, and again the main mode of HIV transmission is through heterosexual sex. **Women are more affected by HIV than men in this region**, accounting for more than half of people living with HIV in 2010.

Commercial sex has been identified as one of the key factors in the Caribbean HIV epidemic. A study of HIV prevalence among female sex workers in Georgetown, Guyana, showed that a very high number - 30.6 percent - were infected with HIV.

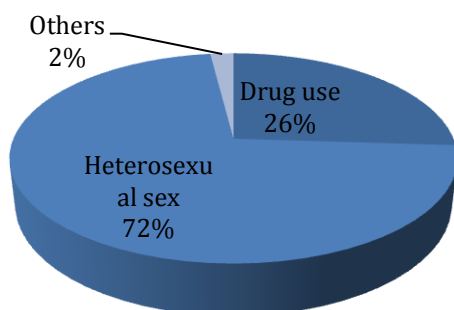




Female sex workers are frequently thought of as being at a higher risk of HIV exposure as they are often not in a position to insist that their customers wear condoms. Alarming it has been reported that men will still pay **more money for unprotected sex** with a sex worker. This means that sex workers are not only at risk of becoming infected with HIV, but that if they are already infected, they can pass the virus on to their clients.

The Americas

The Centers for Disease Control and Prevention (CDC) estimated that in the USA, the number of newly HIV infected women increased from 2004-2007. It is estimated that 390,000 women above the age of 15 are living with HIV or AIDS in America.



The main way in which women get infected with HIV in the USA is through **heterosexual sex**. This mode of transmission accounts for around **72 percent** of female HIV infections. The other main transmission route among women is injecting **drug use**, which accounts for **26 percent** of HIV infections.

Fig. 1 Ways in which women get infected with HIV in the USA

In the USA, African American and Hispanic women account for 80 percent of AIDS cases, even though they represent less than one fourth of all women. Generally in industrialized countries, the epidemic has had a disproportionate affect on women in marginalized sections of the population, such as ethnic minorities, immigrants and refugees.

Asia

UNAIDS estimates that nearly 4.8 million adults are living with HIV in Asia, approximately 34 percent of whom are women. The number of women living with HIV and AIDS in Asia varies greatly between different countries, and in places largely affected by the epidemic, such as India, the numbers vary between different states. Although women are often perceived to be at low risk of HIV infection because it is not common to have more than one lifetime sexual partner, a great number of women are put at risk of HIV infection as a result of their husbands having unprotected sex outside of marriage or injecting drugs. **It has been estimated that 90% of women living with HIV in Asia were infected by their husband or long-term partner.**





Impact on Women

● Responsibility of care

In areas with few palliative care facilities, when a person suffers from AIDS care-taking is **usually a woman's responsibility**. In Africa for example, two thirds of all caregivers for persons living with HIV and AIDS are women. This care giving is usually in addition to many other tasks that women perform within the household, such as cooking, cleaning, and caring for the children and the elderly.

Caring for ill parents, children or husbands is unpaid and can increase a person's workload by up to a third. Women often struggle to bring in an income whilst providing care and therefore many families affected by AIDS suffer from **increasing poverty**. In some areas of sub-Saharan Africa where a family's livelihood relies on growing and maintaining crops, the death of farmers can lead to famine.

The AIDS epidemic also affects young girls and elderly women. Often in households where both parents are ill from AIDS, the responsibility of main care-taker is passed on to a **daughter**, even if it implies school non-attendance. If both parents die then it tends to be the grandmothers, aunts or cousins who then look after the orphans.

● Mother-to-child transmission (MTCT)

Mother-to-child transmission (MTCT) is an issue that directly affects women and at the same time increases the spread rate of HIV. MTCT occurs when an **HIV positive woman passes the virus to her baby during pregnancy, labor and delivery, or breastfeeding**. UNAIDS say that at the end of 2009 there were an estimated 2.5 million children (under 15 years) living with HIV, most of whom were infected by their mothers. Without treatment, a large number of these children will not survive till adulthood.

Although there are drugs that can reduce the chances of a child acquiring HIV from its mother from about 40% to less than 2%, they are unavailable in many parts of the world. In recent years drugs companies have significantly reduced the price of drugs such as nevirapine and AZT, which help in preventing mother to child transmission of HIV in developing countries. However, because of limited human resources and poor infrastructures, many women are still not receiving these drugs.





? Why is there stigma related to HIV/AIDS ?

Fear of contagion coupled with negative, value-based assumptions about people who are infected leads to high levels of stigma surrounding HIV/AIDS.

Factors that contribute to HIV/AIDS-related stigma include:

- HIV/AIDS is a life-threatening disease, and therefore people react to it in strong ways;
- HIV infection is associated with behaviours (such as homosexuality, drug addiction, prostitution or promiscuity) that are already stigmatized in many societies;
- Most people become infected with HIV through sex, which often carries moral baggage;
- There is a lot of inaccurate information about how HIV is transmitted, creating irrational behaviour and misperceptions of personal risk;
- HIV infection is often thought to be the result of personal irresponsibility;
- Religious or moral beliefs lead some people to believe that being infected with HIV is the result of moral fault (such as promiscuity or 'deviant sex') that deserves to be punished;
- The effects of antiretroviral therapy on people's physical appearance can result in forced disclosure and discrimination based on appearance;
- The fact that HIV/AIDS is a relatively new disease also contributes to the stigma attached to it¹.

After AIDS epidemic initially surfaced, a series of powerful images was used that reinforced and legitimised stigmatization:

- HIV/AIDS as punishment (e.g. for immoral behaviour);
- HIV/AIDS as a crime (e.g. in relation to innocent and guilty victims);
- HIV/AIDS as war (e.g. in relation to a virus which must be fought);
- HIV/AIDS as horror (e.g. in which infected people are demonised and feared);
- HIV/AIDS as otherness (in which the disease is an affliction of those set apart).

¹ The fear surrounding the emerging epidemic in the 1980s is still fresh in many people's minds. At that time very little was known about the risk of HIV transmission, which made people scared of those infected due to fear of contagion.





Types of HIV/AIDS-related stigma and discrimination

AIDS-related stigma can lead to discrimination such as negative treatment and denied opportunities on the basis of their HIV status. This discrimination can affect all aspects of a person's daily life, for example, when they wish to travel, use healthcare facilities or seek employment.

Government

A country's laws, rules and policies regarding HIV can have a significant effect on the lives of people living with the virus. Discriminatory practices can alienate and exclude people living with HIV, reinforcing the stigma surrounding HIV and AIDS.

In 2010, UNAIDS reported that 71 percent of countries now have some form of legislation in place to protect people living with HIV from discrimination. However, Ban Ki-moon, Secretary-General of the United Nations, admits that nevertheless:

"almost all permit at least some form of discrimination".

There are many ways in which governments can actively discriminate against people or communities with (or suspected of having) HIV/AIDS. Many of these laws have been justified on the grounds that HIV/AIDS poses a public health risk. Below are some examples of government level stigma and discrimination against people living with HIV/AIDS:

- President Museveni of **Uganda** supports the national policy of dismissing or not promoting members of the armed forces who test HIV positive.
- The **Chinese government** advocates compulsory HIV testing for any Chinese citizen who has been living outside of the country for more than a year.
- The **UK** legal system can prosecute individuals who pass the virus to somebody else, even if they did so without intent.

Healthcare

In healthcare settings people with HIV can experience stigma and discrimination such as being **refused medicines or access to facilities, receiving HIV testing without consent, and a lack of confidentiality**. Such responses are often fuelled by ignorance of HIV transmission routes amongst doctors, midwives, nurses and hospital staff.





Doctors in healthcare settings in resource-poor areas with limited or no drug-access have reported a frustration with the lack of options for treating people with HIV/AIDS, who were seen as 'doomed' to die. This frustration may mean that AIDS patients are not prioritised or are actively discriminated against. Fear of exposure to HIV as a result of lack of protective equipment is another factor fuelling discrimination among doctors and nurses in under-resourced clinics and hospitals.

Stigma and discrimination in healthcare settings are **not confined to developing countries**. Below an HIV positive woman in London, UK tells of her experience with an NHS dentist:

"I have a dental problem and I go to this clinic, and I go there, two maybe three times. So eventually I told them about my condition. They explained that I would have to be the last appointment of the day. I have been to that room, and sat on that chair, and the same doctor examined me as before, but after I told them I was HIV positive. So I went for the last appointment of the day last week, they covered the chair, the light, the doctors were wearing three pairs of gloves..."

Employment

In the workplace, people living with HIV may suffer stigma from their co-workers and employers, such as social isolation and ridicule, or experience discriminatory practices, such as termination or refusal of employment. Fear of an employer's reaction can cause a person living with HIV anxiety:

"It is always in the back of your mind, if I get a job, should I tell my employer about my HIV status? There is a fear of how they will react to it. It may cost you your job, it may make you so uncomfortable it changes relationships. Yet you would want to be able to explain about why you are absent, and going to the doctors."

HIV positive woman UK

"Though we do not have a policy so far, I can say that if at the time of recruitment there is a person with HIV, I will not take him. I'll certainly not buy a problem for the company. I see recruitment as a buying-selling relationship. If I don't find the product attractive, I'll not buy it."

A Head of Human Resource Development, India

Community

Community level stigma and discrimination towards people living with HIV is found all over the world. A community's reaction to somebody living with HIV can have a huge effect on that person's life. If the reaction is hostile a person may be discriminated against and may be forced to leave their home, or change their daily activities such as shopping, socialising or schooling.





79 % of people living with HIV fears social discrimination following their status disclosure

Community-level stigma and discrimination can manifest as ostracism, rejection and verbal and physical abuse. It has even extended to murder. **AIDS related murders** have been reported in countries as diverse as **Brazil, Colombia, Ethiopia, India, South Africa and Thailand**. In December 1998, Gugu Dhlamini was stoned and beaten to death by neighbours in her township near Durban, South Africa, after speaking openly on World AIDS Day about her HIV status. It is therefore not surprising that.

Family

In the majority of developing countries families are the primary caregivers when somebody becomes ill. There is clear evidence that families play an important role in providing support and care for people living with HIV and AIDS. However, not all family responses are supportive. HIV positive members of the family can find themselves stigmatised and discriminated against within the home. There is concern that **women and non-heterosexual family members are more likely than children and men to be mistreated**.

"When I was in hospital, my father came once. Then he shouted that I had AIDS. Everyone could hear. He said: this is AIDS, she's a victim. With my brother and his wife I wasn't allowed to eat from the same plates, I got a plastic cup and plates and I had to sleep in the kitchen. I was not even allowed to play with the kids."

HIV-positive woman, Zimbabwe



Possible consequences of HIV-related stigma²:

- Loss of income/livelihood;
- Loss of marriage & childbearing options;
- Poor care within the health sector;
- Refusal to be taken care of at home;
- Loss of hope and feeling of worthlessness;
- Loss of reputation.

² Research by the International Centre for Research on Women (ICRW).





Case studies³

The International Center for Research on Women (ICRW), in partnership with organizations in Ethiopia, Tanzania, and Zambia, led a study of HIV and AIDS-related stigma and discrimination in these three countries. This project, conducted from April 2001 to September 2003, unravelled the complexities around stigma by investigating the causes, manifestations and consequences of HIV and AIDS-related stigma and discrimination in sub-Saharan Africa. It then uses this analysis to suggest program interventions.

ICRW is leading a research initiative in three African countries and in Vietnam to investigate the causes, manifestations, and consequences of HIV/AIDS related stigma and subsequent discriminatory acts. This research update is based on a preliminary analysis of data collected from the African sites since the data collection began in August 2001. Researchers have collected data from three community sites in three countries, as well as from several supplementary studies.

Evidence from an ICRW-led multi-country study in Ethiopia, Tanzania, Vietnam and Zambia shows that the key causes and consequences of HIV/AIDS-related stigma have many more similarities than differences across contexts.

- 🌐 **Bangladesh** → over half of women have experienced stigma from a friend or neighbour, 87 per cent have decided not to get married as a result of their HIV status; and nearly a fifth feel suicidal.
- 🌐 **Ethiopia** → only 45 per cent of women have disclosed their status to their partner or husband; over a half have low self esteem; and 44 per cent have been advised by a health worker not to have a child due to being HIV-positive.
- 🌐 **Dominican Republic** → a fifth of women living with HIV have been coerced in to being sterilized; 60 per cent fear being the subject of gossip; and nearly a quarter did not, while pregnant, receive ARV drugs for the prevention of mother- to-child transmission; 75 percent of women gave support to others living with HIV.

The Dominican Republic is in the middle of a growing HIV/AIDS epidemic, which is spreading faster among women than men. In this context, many women face human rights violations on at least two major fronts: in the workplace and when they use government prenatal or other health care services. Women are at increased risk of HIV infection and there is increased incidence of HIV-related human rights

³ Information is based on reports of UN and NGOs. They can be found in 'Further reading' part.





violations in the workplace and the health care system for women. Based on interviews with women in the Dominican Republic, reports talk about how women in the Dominican Republic are routinely subjected to involuntary HIV testing, and those who test positive are fired and denied adequate healthcare. There exists the lack of adequate protection of the human rights of women living with HIV/AIDS in the Dominican Republic and the inadequate HIV counselling for positive women.

- 🌐 **Vietnam** → ICRW and the Center for Social Development Studies (CSDS), Hanoi, are investigating the causes, manifestations, and consequences of HIV-related stigma and discrimination at the community level in Vietnam. Researches explore the community context in which HIV-related stigma occurs and the extent to which the stigma associated with injection drug use and sex work intersects with that of people living with HIV/AIDS, and the effects of gender on these processes. They also bring together a group of leaders from key constituencies and strengthen their capacity to serve as advocates for people living with AIDS.
- 🌐 **India** → a research project conducted in India emphasizes forms and determinants of HIV/AIDS-related discrimination, stigmatization, and denial. The report provides a discussion of the gendered nature of HIV-related discrimination, and finds that there was clear evidence that the HIV/AIDS-related discrimination, stigmatization, and denial is in some respects a gendered phenomenon.
- 🌐 **Uganda** → researches conducted on issues of HIV/AIDS-related discrimination, stigmatization, and denial in central and western Uganda move beyond previous research on DSD and in contrast, aim to offer an account of how DSD operates, and what causes it, in a range of contexts in two contrasting regions. The different treatment accorded to women in the epidemic was evident throughout the research, most strikingly in relation to inheritance.





What needs to be changed?

② Preventing HIV infection

Protecting women from HIV is not solely women's responsibility, but of both partners, and men must play an equal role in this

There are a number of issues that need to be addressed in order to prevent the spread of HIV infection. The following are relatively new preventative technologies that could directly benefit women.

- The female condom is the only female-initiated HIV prevention method presently available. These condoms can potentially help women to protect themselves from becoming infected with HIV if used correctly and consistently. However, although the female condom allows partners to share the responsibility of condom use, it still requires some degree of male cooperation.

- Post exposure prophylaxis is an antiretroviral drug treatment that is thought to decrease the chances of HIV infection after exposure to HIV. This treatment could potentially benefit women who have been raped, if started within 72 hours after exposure. In many countries with high levels of sexual violence against women and high HIV prevalence, this treatment is not always easily accessible for women.

- Research is being carried out into the development of a microbicide - a gel or cream that could be applied to the vagina without a partner knowing and which would prevent HIV infection. Trials have been taking place for a number of years, but none have been successful and a microbicide for HIV prevention does not yet exist.

Most women with HIV were infected by unprotected sex with an infected man

③ Promoting and protecting women's human rights

In many parts of the world there exist major inequalities between women and men in all aspects of living – from employment opportunities and availability of education, to power inequalities within relationships. These gender roles can confine women to positions where they lack the power to protect themselves from HIV infection. As most of the inequalities that women face are denying them their basic human rights, it is thought that promoting these rights will enhance their status within society and help protect them against the risk of HIV infection.





Transforming gender roles

Both men and women are affected by gender roles that define what it means to be a man or a woman. These gender-based expectations can increase vulnerability to HIV infection. For example, in many societies women are expected to be innocent and submissive when it comes to sex, preventing them from accessing sexual health information and services. For many men, masculinity is linked with taking risks and being tough, which can increase vulnerability to HIV infection and discourage men from seeking testing and treatment.

Harmful gender roles is crucial to preventing the spread of HIV

Programs that focus on men are equally important in protecting women from HIV, as they can transform men's attitudes and behaviour towards their partners, families and women in general.

Increasing education and awareness

Education is one of the most effective tools in preventing HIV infections. An estimate from the Global Campaign for Education suggests that if every child received a complete primary education, around 700,000 new HIV infections in young adults could be prevented every year.

Education is particularly important for protecting girls against HIV infection. School can teach vital HIV prevention methods, such as condom use, having fewer sexual partners, and the importance of greater communication about HIV prevention between couples.

Increasing HIV and AIDS education can also help to reduce the stigma that people living with HIV and AIDS face. Sex workers, for example, are in many countries still both frowned on socially and criminalised. It is very difficult for these women to access the healthcare services they need in order to stay healthy if they risk arrest or punishment when their profession is known.

Stigma can increase the vulnerability of a group that may already be at a higher risk of HIV infection

Development of ICRW and the CHANGE project

Collection of participatory educational exercises is inevitable to raise awareness and promote action to challenge HIV stigma. Trainers can select from the exercises to plan their own courses for different target groups, including AIDS professionals and community groups. The aim is to help people at all levels understand stigma and develop strategies to challenge stigma and discrimination. It builds on the original toolkit which includes the experience of the International HIV/AIDS Alliance's Regional Stigma Training Project. Stigma is addressed as it relates to treatment, children and youth, and homosexuals.





Further reading

UN websites:

- <http://www.genderandaids.org/index.php> - Comprehensive Web Portal for Gender Equality Dimensions of the HIV/AIDS Epidemic
- <http://www.unwomen.org/> - United Nations Entity for Gender Equality and the Empowerment of Women
- http://www.genderandaids.org/index.php?option=com_content&view=category&id=61:stigma-and-discrimination&Itemid=103&layout=default – HIV/AIDS Stigma and Discrimination Resources

Other websites:

- <http://abs.sagepub.com/content/42/7/1193.short> - A Social-Psychological Analysis of HIV-Related Stigma
- <http://www.icrw.org> – International Centre for Research on Women
- **Especially :**
- <http://www.icrw.org/files/publications/Disentagling-HIV-and-AIDS-Stigma-in-Ethiopia-Tanzania-and-Zambia.pdf> - Report on HIV/AIDS stigma in Ethiopia, Tanzania and Zambia;
- <http://www.icrw.org/publications/understanding-and-challenging-hiv-stigma-toolkit-action> - Toolkit action against HIV/AIDS stigma;
- <http://www.icrw.org/files/publications/Understanding-HIV-and-AIDS-related-Stigma-and-Discrimination-in-Vietnam.pdf> - HIV/AIDS discrimination in Vietnam
- <http://www.hrw.org/reports/2004/dr0704/dr0704.pdf> – Report on Discrimination against Women Living with HIV in the Dominican Republic





Session preparation

The commission's task is to produce a resolution suggesting possible solutions to the problem outlined in this guide, especially looking for ways to implement ideas presented in 'What need to be changed' chapter of the guide. In order to facilitate achieving our common goal we kindly request each delegate in our commission to prepare policy statements as well as notes in the form of a draft resolution.

Policy statements

It is basically the overview of country's policy towards each subject. Therefore, each delegate should prepare a policy statement. The desired length of the statement is about 2 minutes. In the beginning of the discussion everyone will be asked to present the document in order to familiarize other delegates with the country's policy. It will be useful later for finding co-submitters of the resolution. To ensure that each delegate is well-prepared for the discussion **it is required to send the policy statement** to chairs via email (csw@wawmun.pl) until **21st October 2012**.

Draft resolutions

Draft resolutions prepared beforehand make lobbying more efficient. You may base your resolution on those submitted by the UN (especially Perambulatory Clauses). However, remember that the idea of Model United Nations is to find and present new, innovative solutions to the international problems. Rewriting the actual UN resolutions in whole is strictly prohibited. Draft resolutions will be discussed during informal lobbying. You may prepare your own, complete propositions and find the countries willing to co-submit your draft or you can prepare solely your desired clauses and search for appropriate draft resolution introduced by another member of the council, in which they can be implemented.

Tips on writing the documents, as well as information about the Opening Speech (prepared by the Head of Delegation) can be found on our website (www.wawmun.pl). We recommend studying the WawMUN Instruction Booklet, especially if it is your first conference.





Conclusion

Honourable Delegates,

We hope that you enjoyed reading the guide we prepared for you. In the end we would like to give you a few tips on what to bear in mind while preparing to the Conference:

- 1) you, as a Delegate, always represent your country's policy, not your personal attitude;
- 2) you should not duplicate ideas or solutions from United Nations resolutions;
- 3) you should not propose any kind of military activities, as this does not lay in the Commission's competence;
- 4) knowledge of the rules will allow you to fully participate in discussions and avoid embarrassing mistakes.

Additionally, we strongly recommend contacting your country's embassy - it might be exceptionally helpful in getting a better insight in its foreign policy and engagement in the case that we will be discussing. Also remember that after the committee discussions we will strive to complete a difficult task of choosing the Best Delegate – you make it easier participating actively ;)

We wish you fruitful preparations and cordially remind you of **the deadline** for sending us your policy statements.

Once again, we are looking forward to seeing you in October!

Yours,
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